DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION **CLA!MING BENEFIT OF PROVISIONAL APPLICATION**

As a below named inventor, I hereby declare that:

Residence

Post Office Address

Endicott, New York

5 Mansfield Drive, Endicott, NY 13760

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled A SYSTEM FOR ENABLING APPLICATION SOFTWARE OF DATA ACQUISITION DEVICES, the specification of which

(check one)	is attached hereto. was filed on and was amended		o	as Application Serial	(if applicable).		
	was filed on	a	s International	Application			
	and was amended by Preliminary Amendment	Article 19;	Article 34	(if applicable).			
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.							
I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).							
I hereby claim priority benefits under Title 35, United States Code, §119 of any provisional application(s) listed below and have also identified below any provisional application(s) having a filing date before that of the application(s) of which priority is claimed:							
Prior Provision	al Application(s):						
	60/457,617 (Number)	March 26, 2003 (Filing Date)		Priority Claimed ☑ Yes ☐ No .	1		
				☐ Yes ☐ No			
	(Number)	(Filing Date)					
I hereby claim the benefit under United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:							
(App	olication Serial No.)	(Filing Date)		(Status-patente	ed, pending, abandoned)		
(App	olication Serial No.)	(Filing Date)		(Status-patente	ed, pending, abandoned)		
Power of Attorney: as a named inventor, I hereby appoint the following attorneys: Thomas L. Tarolli, Reg. No. 20,177; Robert B. Sundheim, Reg. No. 20,127; Calvin G. Covell, Reg. No. 24,042; Barry L. Tummino, Reg. No. 29,709; James L. Tarolli, Reg. No. 36,029; Richard S. Wesorick, Reg. No. 40,871; Matthew M. Shaheen, Reg. No. 45,367; Richard A. Sutkus, Reg. No. 43,941; Gary J. Pitzer, Reg. No. 39,334; Christopher P. Harris, Reg. No. 43,660; Patrick M. Hogan, Reg. No. 29,543; and Leland D. Schultz, Reg. No. 30,322, each with full powers of substitution and revocation, to prosecute this application and transact all business in the United States Patent and Trademark Office connected therewith.							
SEND CORRESPONDENCE TO: TAROLLI, SUNDHEIM, COVELL & TUMMINO LLP							
	DIRECT CALLS TO:	526 Superior Ave Robert B. Sundhe		, CLEVELAND, OH 4411 14.	4 .		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
inventor	ne of sole or first Bryan L. De	pitton //		Date	March 23. 2004		

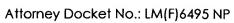
Date

Citizenship

County

U.S.A

Tioga



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2)	Full name of second inv	ventor Michael A. Heaton		
	Inventor's signature	muchael a. neaton	Date	3/23/04
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